

DATE 04/30/2010

**Columbia County Building Permit**  
This Permit Must Be Prominently Posted on Premises During Construction

**PERMIT**  
**000028524**

APPLICANT WENDY GRENNELL PHONE 386.288.2428  
ADDRESS 3104 SW OLD WIRE ROAD FT. WHITE FL 32038  
OWNER JUSTIN & CHELSEA ROBERTSON PHONE 386.365.6255  
ADDRESS 5908 NW LAKE JEFFERY ROAD LAKE CITY FL 32055  
CONTRACTOR RONNIE NORRIS PHONE 386.623.7716  
LOCATION OF PROPERTY 90-W TO LAKE JEFFERY RD,TR & IT'S 5 1/2 MILES TO PROPERTY  
ON L JUST BEFORE ARMIDILLO LN.(SEE YELLOW FALGS POSTED)  
TYPE DEVELOPMENT M/H/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00  
HEATED FLOOR AREA                      TOTAL AREA                      HEIGHT                      STORIES                       
FOUNDATION                      WALLS                      ROOF PITCH                      FLOOR                       
LAND USE & ZONING A-3 MAX. HEIGHT                       
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00  
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.                     

PARCEL ID 09-3S-16-02049-115 SUBDIVISION ROLLING OAKS  
LOT 15 BLOCK                      PHASE                      UNIT                      TOTAL ACRES 4.03

IH10251451  
Culvert Permit No.                      Culvert Waiver                      Contractor's License Number                      Applicant/Owner/Contractor Wendy Grennell  
EXISTING 10-0217-N BLK HD N  
Driveway Connection                      Septic Tank Number                      LU & Zoning checked by                      Approved for Issuance                      New Resident                     

COMMENTS: 1 FOOT ABOVE ROAD.

Check # or Cash                      CASH REC'D.                     

**FOR BUILDING & ZONING DEPARTMENT ONLY**

(footer/Slab)

Temporary Power                      Foundation                      Monolithic                       
                     date/app. by                      date/app. by                      date/app. by                       
Under slab rough-in plumbing                      Slab                      Sheathing/Nailing                       
                     date/app. by                      date/app. by                      date/app. by                       
Framing                      Insulation                       
                     date/app. by                      date/app. by                       
Rough-in plumbing above slab and below wood floor                      Electrical rough-in                       
                     date/app. by                      date/app. by                       
Heat & Air Duct                      Peri. beam (Lintel)                      Pool                       
                     date/app. by                      date/app. by                      date/app. by                       
Permanent power                      C.O. Final                      Culvert                       
                     date/app. by                      date/app. by                      date/app. by                       
Pump pole                      Utility Pole                      M/H tie downs, blocking, electricity and plumbing                       
                     date/app. by                      date/app. by                      date/app. by                       
Reconnection                      RV                      Re-roof                       
                     date/app. by                      date/app. by                      date/app. by                     

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 38.52 WASTE FEE \$ 100.50  
FLOOD DEVELOPMENT FEE \$                      FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$                      **TOTAL FEE** 514.02  
INSPECTORS OFFICE                      CLERKS OFFICE                     

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

**The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.**

# PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

119  
**For Office Use Only** (Revised 1-10-08) **Zoning Official** BLK 26.04.10 **Building Official** 120 4-22-10  
**AP#** 1004-36 **Date Received** 4/21/10 **By** G **Permit #** 28524  
**Flood Zone** X **Development Permit** N/A **Zoning** A-3 **Land Use Plan Map Category** A-3  
**Comments** \_\_\_\_\_

**FEMA Map#** N/A **Elevation** N/A **Finished Floor** 1st Floor **River** N/A **In Floodway** N/A  
☒ **Site Plan with Setbacks Shown** ☒ **EH#** 10-0217 N ☐ **EH Release** ☐ **Well letter** ☒ **Existing well** shared  
☒ **Recorded Deed or Affidavit from land owner** ☒ **Letter of Auth. from installer** ☐ **State Road Access**  
☐ **Parent Parcel #** \_\_\_\_\_ ☐ **STUP-MH** \_\_\_\_\_ ☐ **F W Comp. letter**  
**IMPACT FEES: EMS** \_\_\_\_\_ **Fire** \_\_\_\_\_ **Corr** \_\_\_\_\_ **Road/Code** \_\_\_\_\_  
**School** \_\_\_\_\_ **= TOTAL** N/A Suspended ☒ **VF**

**Property ID #** 09-35-16-02049-115 **Subdivision** Rolling Oaks Lot 15

- New Mobile Home** ☒ **Used Mobile Home** \_\_\_\_\_ **MH Size** 32x80 **Year** 10
- Applicant** Wendy Grennell **Phone #** 386-288-2428
- Address** 3104 SW Old Wire Rd Ft White FL 32038
- Name of Property Owner** Justin + Chelsea Robertson **Phone#** 386-365-6255
- 911 Address** 5908 NW Lake Jeffery Road Lake City FL
- Circle the correct power company -** FL Power & Light - Clay Electric  
 (Circle One) - Suwannee Valley Electric - Progress Energy

- Name of Owner of Mobile Home** Justin + Chelsea Robertson **Phone #** 386-365-6255
- Address** 378 SW Tularosa Lane Lake City FL 32025
- Relationship to Property Owner** Same
- Current Number of Dwellings on Property** 0
- Lot Size** \_\_\_\_\_ **Total Acreage** 4.03

- Do you : Have** Existing Drive **or** Private Drive **or need** Culvert Permit **or** Culvert Waiver **(Circle one)**  
 (Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home** Yes - gone several years
- Driving Directions to the Property** 90 West to Lake Jeffery Rd turn (R) to 5 1/2 miles on (L) just before NW Armadillo Lane - yellow flags at drive.

- Name of Licensed Dealer/Installer** Ronnie Norn's **Phone #** 386-623-7716
- Installers Address** 1004 SW Charles Terrace Lake City FL 32024
- License Number** I#1025145/1 **Installation Decal #** 821

375.60  
 139.02  
 514.02 APRIL  
 spoke to Monday  
 4/26/10

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR

Ronnie Norris

PHONE

623-7716

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

*Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.*

|                                   |                                                                      |                                                              |
|-----------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|
| <b>ELECTRICAL</b>                 | Print Name _____<br>License #: _____                                 | Signature _____<br>Phone #: _____                            |
| <b>MECHANICAL/<br/>A/C</b>        | Print Name _____<br>License #: _____                                 | Signature _____<br>Phone #: _____                            |
| <b>PLUMBING/<br/>GAS</b>          | Print Name <u>Ronnie D. Norris</u><br>License #: <u>1H/1025145/1</u> | Signature <u>[Signature]</u><br>Phone #: <u>386-623-7716</u> |
| <b>ROOFING</b>                    | Print Name _____<br>License #: _____                                 | Signature _____<br>Phone #: _____                            |
| <b>SHEET METAL</b>                | Print Name _____<br>License #: _____                                 | Signature _____<br>Phone #: _____                            |
| <b>FIRE SYSTEM/<br/>SPRINKLER</b> | Print Name _____<br>License #: _____                                 | Signature _____<br>Phone #: _____                            |
| <b>SOLAR</b>                      | Print Name _____<br>License #: _____                                 | Signature _____<br>Phone #: _____                            |

| Specialty License  | License Number | Sub-Contractors Printed Name | Sub-Contractors Signature |
|--------------------|----------------|------------------------------|---------------------------|
| MASON              |                |                              |                           |
| CONCRETE FINISHER  |                |                              |                           |
| FRAMING            |                |                              |                           |
| INSULATION         |                |                              |                           |
| STUCCO             |                |                              |                           |
| DRYWALL            |                |                              |                           |
| PLASTER            |                |                              |                           |
| CABINET INSTALLER  |                |                              |                           |
| PAINTING           |                |                              |                           |
| ACOUSTICAL CEILING |                |                              |                           |
| GLASS              |                |                              |                           |
| CERAMIC TILE       |                |                              |                           |
| FLOOR COVERING     |                |                              |                           |
| ALUM/VINYL SIDING  |                |                              |                           |
| GARAGE DOOR        |                |                              |                           |
| METAL BLDG ERECTOR |                |                              |                           |

**F. S. 440.103 Building permits; identification of minimum premium policy.**—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR

Ronnie Norris

PHONE

623-7716

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Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

|                                 |                                  |                               |                              |
|---------------------------------|----------------------------------|-------------------------------|------------------------------|
| <b>ELECTRICAL</b> <u>OK</u>     | Print Name: <u>John McCawson</u> | Signature: <u>[Signature]</u> | Phone #: <u>386-752-8575</u> |
|                                 | License #: <u>ER0002038</u>      |                               |                              |
| <b>MECHANICAL/A/C</b> <u>OK</u> | Print Name: <u>Robert Grant</u>  | Signature: <u>[Signature]</u> | Phone #: <u>800-859-3708</u> |
|                                 | License #: <u>CAC1814931</u>     |                               |                              |
| <b>PLUMBING/GAS</b>             | Print Name: _____                | Signature: _____              | Phone #: _____               |
|                                 | License #: _____                 |                               |                              |
| <b>ROOFING</b>                  | Print Name: _____                | Signature: _____              | Phone #: _____               |
|                                 | License #: _____                 |                               |                              |
| <b>SHEET METAL</b>              | Print Name: _____                | Signature: _____              | Phone #: _____               |
|                                 | License #: _____                 |                               |                              |
| <b>FIRE SYSTEM/SPRINKLER</b>    | Print Name: _____                | Signature: _____              | Phone #: _____               |
|                                 | License #: _____                 |                               |                              |
| <b>SOLAR</b>                    | Print Name: _____                | Signature: _____              | Phone #: _____               |
|                                 | License #: _____                 |                               |                              |

| Specialty License  | License Number | Sub-Contractor's Printed Name | Sub-Contractor's Signature |
|--------------------|----------------|-------------------------------|----------------------------|
| MASON              |                |                               |                            |
| CONCRETE FINISHER  |                |                               |                            |
| FRAMING            |                |                               |                            |
| INSULATION         |                |                               |                            |
| STUCCO             |                |                               |                            |
| DRYWALL            |                |                               |                            |
| PLASTER            |                |                               |                            |
| CABINET INSTALLER  |                |                               |                            |
| PAINTING           |                |                               |                            |
| ACOUSTICAL CEILING |                |                               |                            |
| GLASS              |                |                               |                            |
| CERAMIC TILE       |                |                               |                            |
| FLOOR COVERING     |                |                               |                            |
| ALUM/VINYL SIDING  |                |                               |                            |
| GARAGE DOOR        |                |                               |                            |
| METAL BLDG ERECTOR |                |                               |                            |

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PERMIT NUMBER

Installer Ronnie D. Norris License # IH/025145/1

Address of home being installed 5908 NW Lake Jeffery Rd

Lake City FL 32028

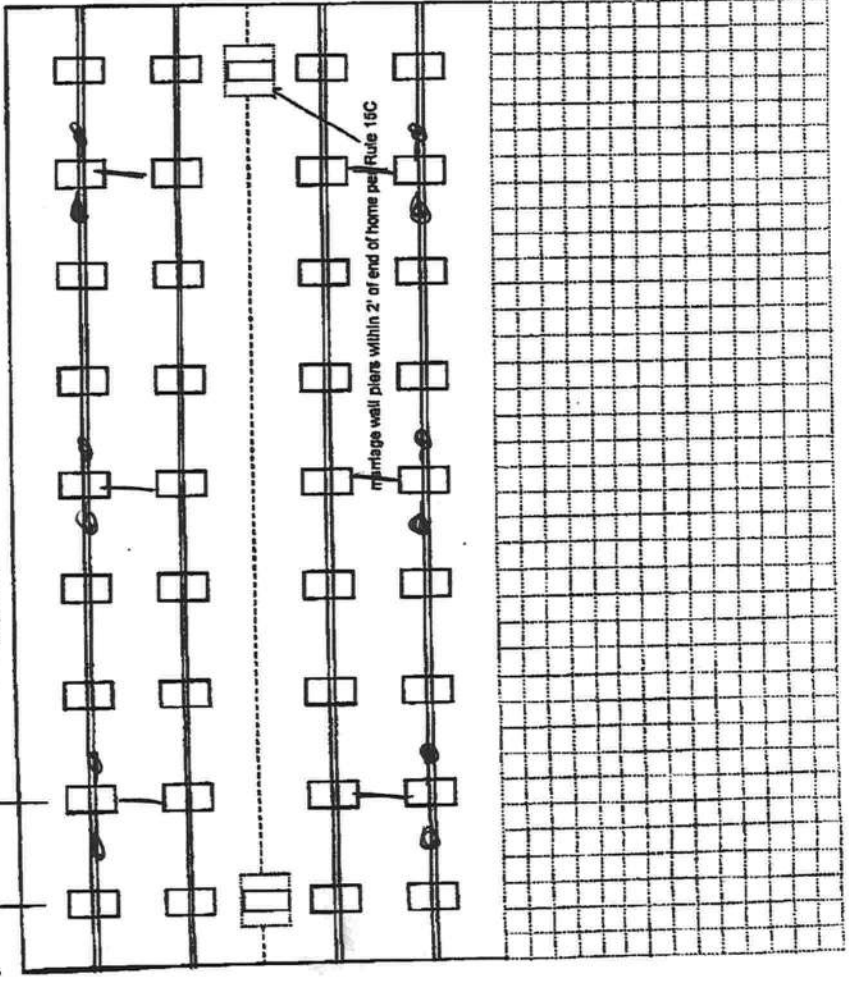
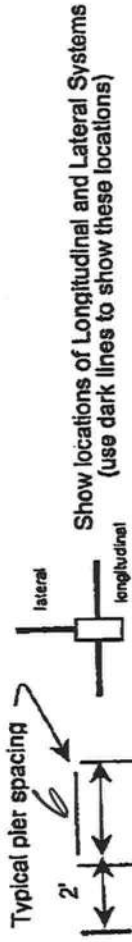
Manufacturer Feetwood

Length x width 32 x 80

NOTE: If home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home

I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's Initials RD



New Home ☒ Used Home ☐

Home Installed to the Manufacturer's Installation Manual ☒

Home is Installed in accordance with Rule 15-C ☒

Single wide ☐ Wind Zone II ☐ Wind Zone III ☐

Double wide ☒ Installation Decal # 821

Triple/Quad ☐ Serial # GAFL875AB 79936

PIER SPACING TABLE FOR USED HOMES

| Load bearing capacity | Footer size (sq in) | 16" x 16" (256) | 18 1/2" x 18 1/2" (342) | 20" x 20" (400) | 22" x 22" (484)* | 24" x 24" (576) | 26" x 26" (676) |
|-----------------------|---------------------|-----------------|-------------------------|-----------------|------------------|-----------------|-----------------|
| 1000 psf              | 3'                  | 4'              | 4'                      | 5'              | 6'               | 7'              | 8'              |
| 1500 psf              | 4'                  | 4'              | 5'                      | 6'              | 7'               | 8'              | 8'              |
| 2000 psf              | 6'                  | 6'              | 7'                      | 8'              | 8'               | 8'              | 8'              |
| 2500 psf              | 7'                  | 7'              | 8'                      | 8'              | 8'               | 8'              | 8'              |
| 3000 psf              | 8'                  | 8'              | 8'                      | 8'              | 8'               | 8'              | 8'              |
| 3500 psf              | 8'                  | 8'              | 8'                      | 8'              | 8'               | 8'              | 8'              |

\* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17x25

Perimeter pier pad size NA

Other pier pad sizes (required by the mfg.) 23x31

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening 8 Pier pad size 23x31

4 17x25

4 17x25

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) Manufacturer Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer

POPULAR PAD SIZES

| Pad Size          | Sq In |
|-------------------|-------|
| 16 x 16           | 256   |
| 16 x 18           | 288   |
| 16.5 x 18.5       | 342   |
| 16 x 22.5         | 360   |
| 17 x 22           | 374   |
| 13 1/4 x 26 1/4   | 348   |
| 20 x 20           | 400   |
| 17 3/16 x 25 3/16 | 441   |
| 17 1/2 x 25 1/2   | 448   |
| 24 x 24           | 576   |
| 26 x 26           | 676   |

ANCHORS

4 ft 5 ft

FRAME TIES

within 2' of end of home spaced at 5' 4" oc

OTHER TIES

Number 22

Sidewall 2

Longitudinal 6

Marriage wall 4

Shearwall 7

PERMIT NUMBER

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 150 psf without testing.

x 150 x 150 x 150

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

x 150 x 150 x 150

TORQUE PROBE TEST

The results of the torque probe test is 275 inch pounds or check here if you are declaring 5' anchors without testing 150. A test showing 275 inch pounds or less will require 4 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb. bending capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg.

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg.

Site Preparation

Debris and organic material removed ☒ Pad ☒ Other ☐  
Water drainage: Natural ☒ Swale ☐

Fastening multi wide units

Floor: Type Fastener: L16 Length: 6 Spacing: 24  
Walls: Type Fastener: BH Length: 6 Spacing: 16  
Roof: Type Fastener: 3/8" x 4" Length: 6 Spacing: 16  
For used homes 3/8" min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's Initials

Type gasket Pg.

Installed:  
Between Floors Yes  
Between Walls Yes  
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes Pg.  
Siding on units is installed to manufacturer's specifications. Yes  
Fireplace chimney installed so as not to allow intrusion of rain water. Yes

Miscellaneous

Skirting to be installed. Yes No  
Dryer vent installed outside of skirting. Yes N/A  
Range downflow vent installed outside of skirting. Yes  
Drain lines supported at 4 foot intervals. Yes  
Electrical crossovers protected. Yes  
Other:

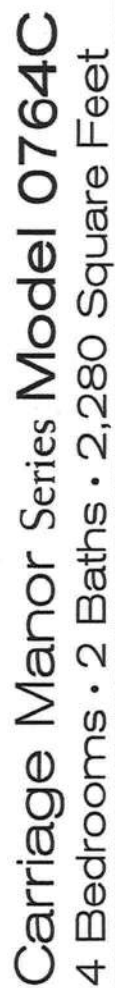
Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature

Date

7/20/10





Fleetwood Homes reserves the right to change colors, prices, specifications, models, dimensions and materials without notice. Rendering and diagrams are meant to be representative and, in keeping with Fleetwood's policy of constant updating and improvement, may vary from the actual home. All dimensions are nominal and approximated. Square footage is measured from exterior wall to exterior wall, and is an approximate figure. Length indicated in floorplans is floor length only. The length of the hitch is not included. (Add four feet to arrive at transportable length.) Ask your retailer for specifics. **PRICES AND SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE OR OBLIGATION.**



**MOBILE HOME INSTALLER AFFIDAVIT**

As per Florida Statutes Section 320.8249 Mobile Home Installers License

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction, of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150

I, Phone name, license number DA/1025145/1

state that the installation of the manufactured home for owner

Justin + Chelsea Robertson at

911 Address: 5908 NW Lake Jeffery City Lake City

will be done under my supervision.

Signed: Phone name

Mobile Home Installer

Sworn to and described before me this 20 day of April 2010

Shirley M Bennett  
Notary public

Shirley M Bennett Personally known ☒  
Notary Name

DL ID \_\_\_\_\_



Wendy Grennell  
3104 S W Old Wire Rd  
Ft White, FL 32038  
386-288-2428 Cell  
386-466-1990 Office  
386-755-1031 Fax

**Assignment of Authority**

I/We Justin Robertson authorize  
Wendy Grennell to be my representative and  
act on my behalf in all aspects of applying for an outside sewage treatment  
and disposal system to be located on my property known as:

Parcel ID 02049-115

Sect 09 Twp 35 Rge 16

Property located in Columbia County, State of Florida.

Mobile Home Owner Name: Justin + Chelsea Robertson

Property Owner Name: Same

911 Address: 5908 NW Lake Jeffery Rd City Lake City

Signed: [Signature]  
Property Owner

Sworn to and described before me this 20 day of April 2010

[Signature]  
Notary public

Shirley M Bennett Personally known \_\_\_\_\_  
Notary Name

DL ID ✓

App # 1004-36

**COLUMBIA COUNTY  
911 ADDRESSING / GIS DEPARTMENT**

P. O. Box 1787, Lake City, FL 32056-1787

Telephone: (386) 758-1125 • Fax: (386) 758-1365 • Email: ron\_croft@columbiacountyfla.com

**ADDRESS ASSIGNMENT DATA**

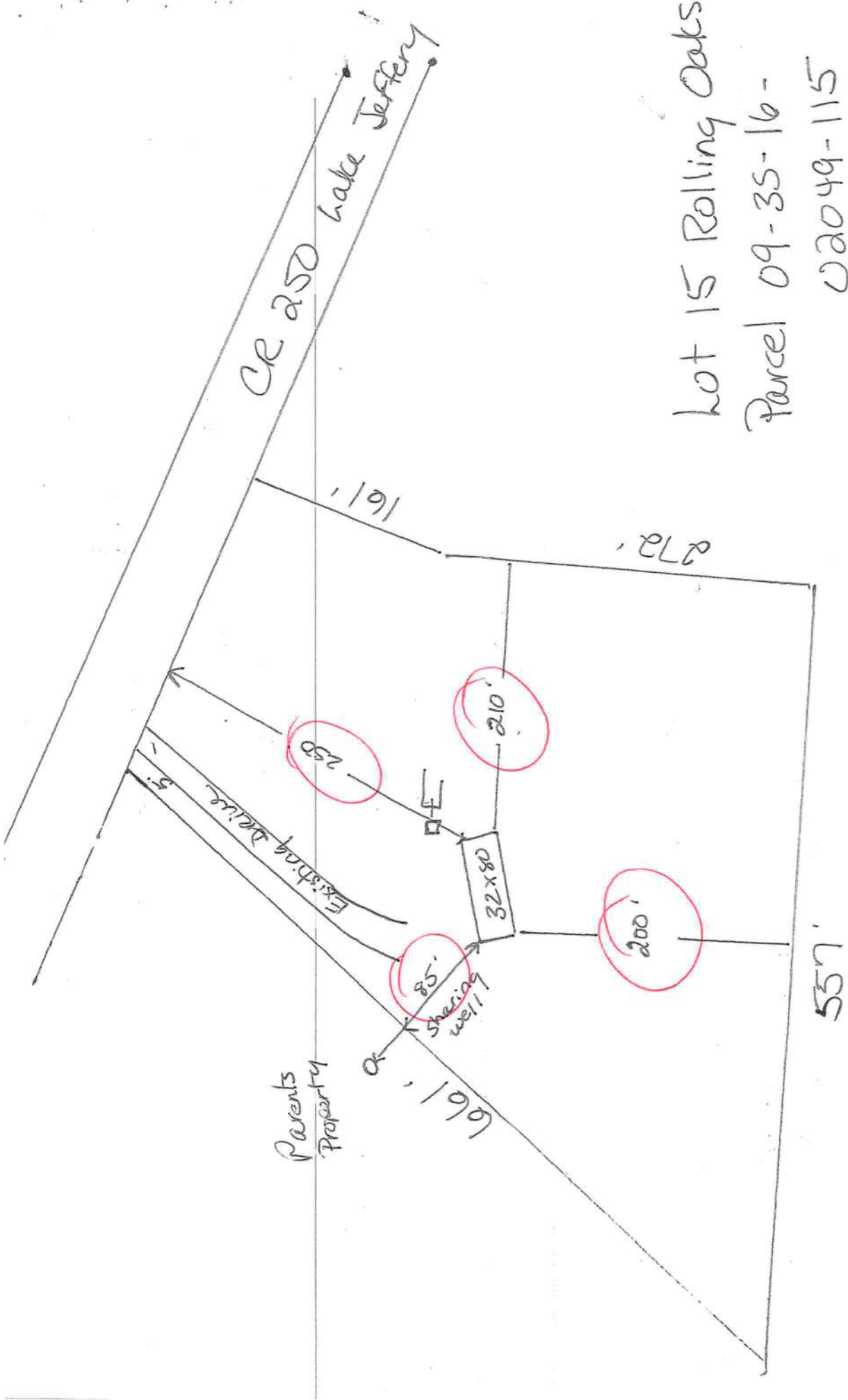
The Columbia County Board of County Commissioners has passed Ordinance 2001-9, which provides for a uniform numbering system. A copy of this ordinance is available in the Clerk of Court records, located in the courthouse. This new numbering system will increase the efficiency of POLICE, FIRE AND EMERGENCY MEDICAL vehicles responding to calls within Columbia County by immediately identifying the location of the caller.

**A Residential or Other Structure(s) on Parcel Number:****09-3S-16-02049-115** (LOT 15 ROLLING OAKS S/D)**Address Assignment(s):****5908 NW LAKE JEFFERY RD, LAKE CITY, FL, 32055**

Any questions concerning this information should be referred to the Columbia County 911 Addressing / GIS Department at the address or telephone number above.



1004-36



Lot 15 Rolling Oaks  
Parcel 09-35-16-  
02049-115

>> [Print as PDF](#) <<

LOT 15 ROLLING OAKS S/D.  
ORB 683-407,689-48,694-607,  
815-246,866-1323,959-1012,  
QC 1189-948,1288

ROBERTSON JUSTIN & CHELSEA  
378 SW TULAROSA LN  
LAKE CITY, FL 32025

09-3S-16-02049-115

Columbia County 2010 R

CARD 001 of 001

PRINTED 3/29/2010 10:13

BY JEFF

APPR 10/06/2008 DF

| BUSE                               |        | AE?        | HTD AREA                               | .000      | INDEX    | 9316.01 | ROLNG | OAKS          | PUSE  | 000700 | MISC | RES         |     |    |    |      |   |        |      |       |
|------------------------------------|--------|------------|----------------------------------------|-----------|----------|---------|-------|---------------|-------|--------|------|-------------|-----|----|----|------|---|--------|------|-------|
| MOD                                | BATH   |            | EFF AREA                               | 57.223    | E-RATE   | .000    | INDX  | STR 9- 3S- 16 |       |        |      |             |     |    |    |      |   |        |      |       |
| EXW                                | FIXT   |            | RCN                                    |           |          |         | AYB   | MKT AREA 01   |       |        |      | 0 BLDG      |     |    |    |      |   |        |      |       |
| %                                  | BDRM   |            | %GOOD                                  |           | BLDG VAL |         | EYB   | {PUD1         |       |        |      | 300 XFOB    |     |    |    |      |   |        |      |       |
| RSTR                               | RMS    |            |                                        |           |          |         |       | AC            | 4.030 |        |      | 24,008 LAND |     |    |    |      |   |        |      |       |
| RCVR                               | UNTS   |            | FIELD CK:                              |           |          |         |       | NTCD          |       |        |      | 0 AG        |     |    |    |      |   |        |      |       |
| %                                  | C-W%   |            | LOC: 5908 LAKE JEFFERY RD NW LAKE CITY |           |          |         |       | APPR CD       |       |        |      | 0 MKAG      |     |    |    |      |   |        |      |       |
| INTW                               | HGHT   |            |                                        |           |          |         |       | CNDO          |       |        |      | 24,308 JUST |     |    |    |      |   |        |      |       |
| %                                  | PMTR   |            |                                        |           |          |         |       | SUBD          |       |        |      | 0 CLAS      |     |    |    |      |   |        |      |       |
| FLOR                               | STYS   |            |                                        |           |          |         |       | BLK           |       |        |      |             |     |    |    |      |   |        |      |       |
| %                                  | ECON   |            |                                        |           |          |         |       | LOT           |       |        |      | 0 SOHD      |     |    |    |      |   |        |      |       |
| HTTP                               | FUNC   |            |                                        |           |          |         |       | MAP#          |       |        |      | 0 ASSD      |     |    |    |      |   |        |      |       |
| A/C                                | SPCD   |            |                                        |           |          |         |       |               |       |        |      | 0 EXPT      |     |    |    |      |   |        |      |       |
| QUAL                               | DEPR   |            |                                        |           |          |         |       | TXDT          | 003   |        |      | 0 COTXBL    |     |    |    |      |   |        |      |       |
| FNDN                               | UD-1   |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| SIZE                               | UD-2   |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| CEIL                               | UD-3   |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| ARCH                               | UD-4   |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| FRME                               | UD-5   |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| KTCH                               | UD-6   |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| WNDO                               | UD-7   |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| CLAS                               | UD-8   |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| OCC                                | UD-9   |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| COND                               | %      |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| SUB                                | A-AREA | %          | E-AREA                                 | SUB VALUE |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| PERMITS                            |        |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| NUMBER DESC AMT ISSUED             |        |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| SALE                               |        |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| BOOK PAGE DATE PRICE               |        |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| 1189 1288 2/22/2010 U V 100        |        |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| GRANTOR TIMOTHY MALLARD            |        |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| GRANTEE JUSTIN & CHELSEA ROBERTSON |        |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| 1189 948 2/18/2010 U V 15000       |        |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| GRANTOR ANTHONY & POLLY TRIMBLE    |        |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| GRANTEE TIMOTHY MALLARD            |        |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| TOTAL                              |        |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| EXTRA FEATURES                     |        |            |                                        |           |          |         |       |               |       |        |      |             |     |    |    |      |   |        |      |       |
| AE BN                              | CODE   | DESC       | LEN                                    | WID       | HGHT     | QTY     | QL    | YR            | ADJ   | UNITS  | UT   | PRICE       | ADJ | UT | PR | SPCD | % | %GOOD  | XFOB | VALUE |
| Y                                  | 0169   | FENCE/WOOD |                                        |           |          | 1       |       | 2001          | 1.00  | 1.000  | UT   | 300.000     |     |    |    |      |   | 100.00 |      | 300   |

| LAND |        | DESC     | ZONE | ROAD | {UD1 | {UD3 | FRONT | DEPTH       | FIELD CK: |      | UNITS |     | PRICE | ADJ | UT | PR | SPCD | % | %GOOD | XFOB | VALUE  |
|------|--------|----------|------|------|------|------|-------|-------------|-----------|------|-------|-----|-------|-----|----|----|------|---|-------|------|--------|
| AE   | CODE   | TOPO     | UTIL | {UD2 | {UD4 | BACK | DT    | ADJUSTMENTS |           |      |       |     |       |     |    |    |      |   |       |      |        |
| Y    | 000700 | MISC RES | A-1  | 0002 | 0    |      |       |             | 1.00      | 1.00 | 1.00  | .60 | 1.000 | LT  |    |    |      |   |       |      | 24,008 |
|      |        |          |      | 0002 | 0003 |      |       |             |           |      |       |     |       |     |    |    |      |   |       |      |        |

Inst: 201012002647 Date: 2/22/2010 Time: 4:39 PM  
Doc Stamp-Deed: 0.70  
DC, P. DeWitt Cason, Columbia County Page 1 of 2 B: 1189 P: 1288

Recording requested by: \_\_\_\_\_  
When recorded, mail to: \_\_\_\_\_  
Name: Justin Robertson  
Address: 378 SW Tularosa Ln  
City/State/Zip: Lake City FL 32025  
Property Tax Parcel/Account Number: R 02049-115

Space above reserved for use by Recorder's Office  
Document prepared by:  
Name: Timothy Mallard  
Address: 198 NW Armadillo Ln  
City/State/Zip: Lake City, FL 32055

## Quitclaim Deed

This Quitclaim Deed is made on this 22nd day of Feb. 2010, between  
Timothy Mallard, Grantor, of 198 NW Armadillo Ln  
Lake City, City of Lake City, State of Florida,  
and Justin & Chelsea Robertson, Grantee, of 378 SW Tularosa Ln  
Lake City, City of Lake City, State of Florida.

For valuable consideration, the Grantor hereby quitclaims and transfers all right, title, and interest held by the Grantor in the following described real estate and improvements to the Grantee, and his or her heirs and assigns, to have and hold forever, located at Lot 15, Rolling Oaks S/D  
Lake City, City of Lake City, State of Florida:

Lot 15 Rolling Oaks S/D  
or ORB 683-407, 689-48,  
694-607, 815-246, 866-1323,  
959-1012

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any.  
Taxes for the tax year of 2010 shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

Dated: 2-22-2010

Timothy Mallard  
Signature of Grantor

Timothy Mallard  
Name of Grantor

Lisa R. Robertson  
Signature of Witness #1

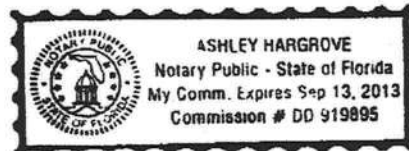
Lisa R. Robertson  
Printed Name of Witness #1

Raychel Robertson  
Signature of Witness #2

Raychel Robertson  
Printed Name of Witness #2

State of Florida County of Columbia  
On 02/22/2010, the Grantor, Timothy Mallard,  
personally came before me and, being duly sworn, did state and prove that he/she is the person described  
in the above document and that he/she signed the above document in my presence.

Ashley Hargrove  
Notary Signature



Notary Public,

In and for the County of Columbia State of Florida  
My commission expires: 09/13/2013 Seal

Send all tax statements to Grantee.

# ROLLING OAKS

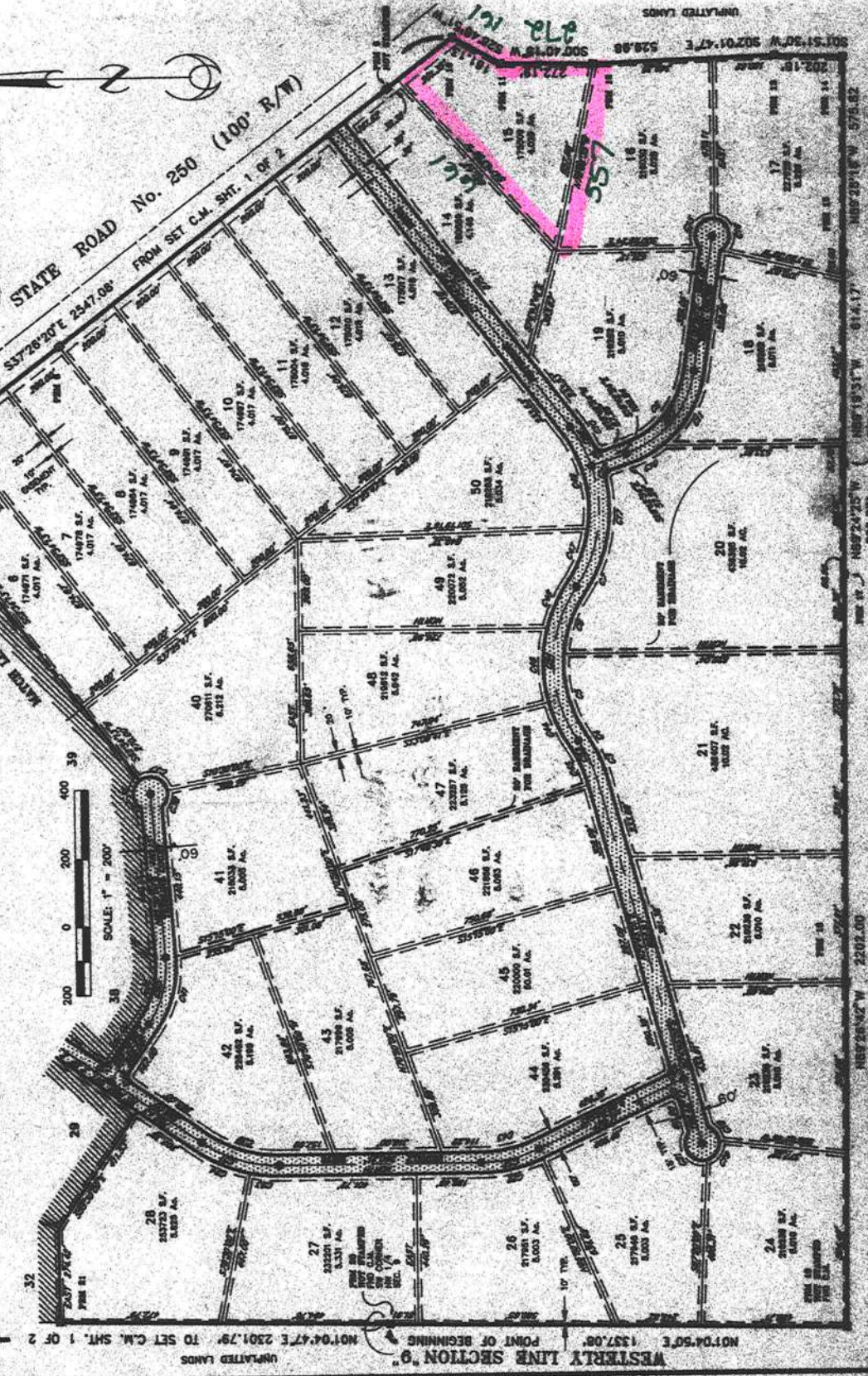
THE NORTHWEST 1/4, THE NORTH 1/2 OF THE SOUTHWEST 1/4, THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4, AND THE NORTHEAST 1/4 OF THE SOUTHEAST 1/4, OF SECTION 9, TOWNSHIP 3 SOUTH, RANGE 16 EAST AND ALL LYING SOUTH OF STATE ROAD NO. 250 (LAKE JEFFERY HIGHWAY) COLUMBIA COUNTY, FLORIDA

SHEET 3 OF 3

BENNETT R. WATTLES AND ASSOC. INC.  
8808 SAN JUAN AVENUE, JACKSONVILLE, FLORIDA 32210

## LEGEND

- FOUND CONCRETE MONUMENT
  - PERMANENT REFERENCE MONUMENT
  - PERMANENT CONTROL POINT
- SEE SHEET 2 OF 3 FOR NOTES



87-00129

89 JUN 24 P 139



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM

PERMIT #: 12-SC-1133506  
APPLICATION #: AP963101  
DATE PAID: 4-27-10  
FEE PAID: 310.00  
RECEIPT #: 17880 212917  
DOCUMENT #: PR808553

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: JUSTIN & CHELSEA (10-0217) ROBERTSON

PROPERTY ADDRESS: 5808 NW LAKE JEFFERY Rds Lake City, FL 32055

LOT: 15 BLOCK: \_\_\_\_\_ SUBDIVISION: Rolling Oaks

PROPERTY ID #: 02049-115 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]  
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [ 1,050 ] GALLONS / GPD Septic CAPACITY  
A [ ] GALLONS / GPD N/A CAPACITY  
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]  
K [ ] GALLONS DOSING TANK CAPACITY [ ] GALLONS @ [ ] DOSES PER 24 HRS #Pumps [ ]

D [ 500 ] SQUARE FEET \_\_\_\_\_ SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [X] STANDARD [ ] FILLED [ ] MOUND [ ]

I CONFIGURATION: [X] TRENCH [ ] BED [ ]

N

F LOCATION OF BENCHMARK: nail in cherry tree N of system site

I ELEVATION OF PROPOSED SYSTEM SITE [ 0.00 ] [ INCHES ] FT [ ] ABOVE [ BELOW ] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 30.00 ] [ INCHES ] FT [ ] ABOVE [ BELOW ] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ 0.00 ] INCHES

O 1. Letter of permission required from dad to connect into dad's well next door.

T

H

E

R

SPECIFICATIONS BY: Recky D Ford

TITLE: M Contractor

APPROVED BY: Sallie A Ford

TITLE: EH Director

Columbia CHD

DATE ISSUED: 04/28/2010

EXPIRATION DATE: 10/28/2011

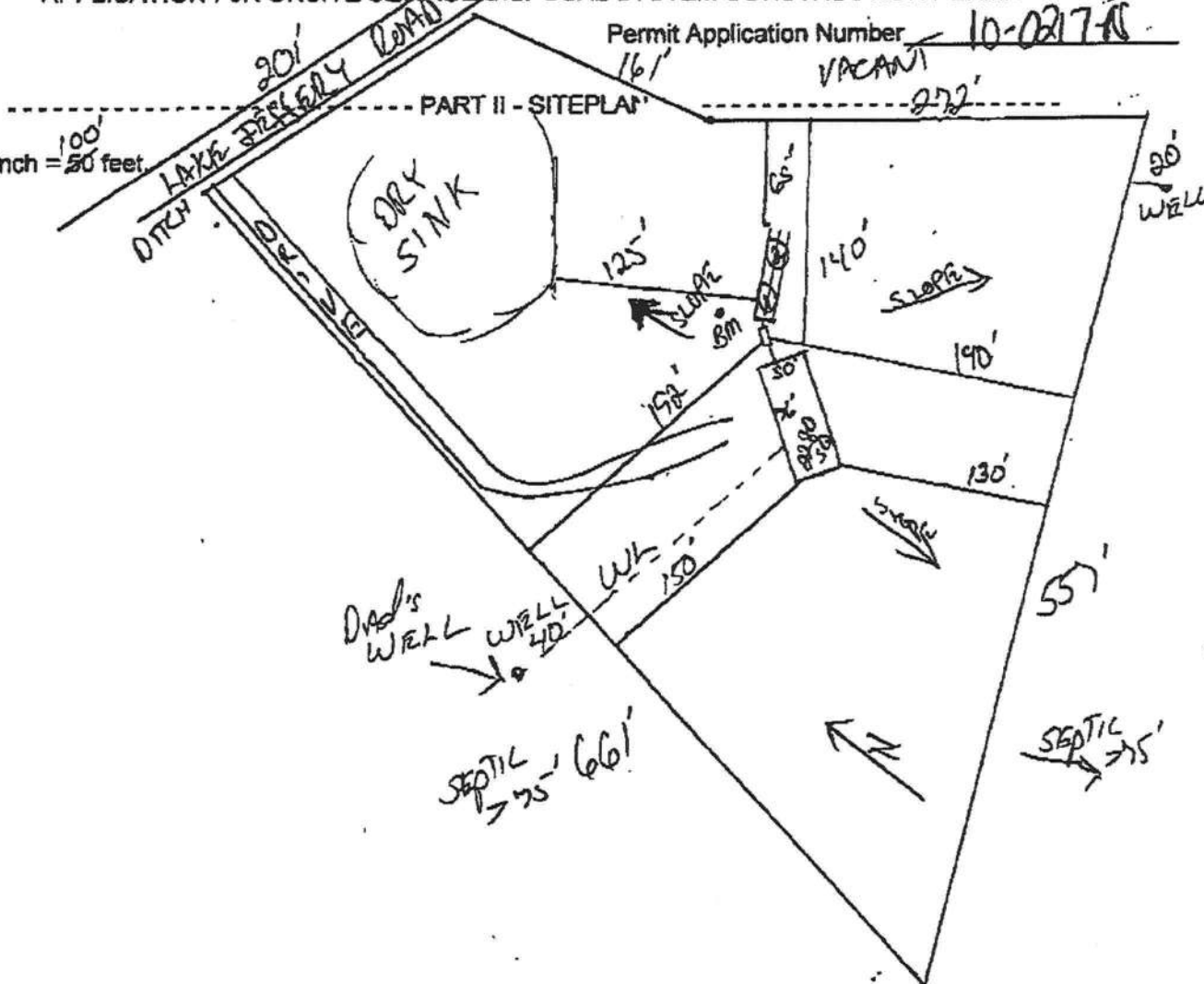
## Permit Application Number

10-0217-N

VACANT

PART II - SITEPLAN

Scale: 1 inch = ~~50~~<sup>100</sup> feet



**Notes:**

**Site Plan submitted by:**

**Plan Approved**

**Not Approved**

By

**MASTER CONTRACTOR**

Date \_\_\_\_\_

County Health Department

**Columbia CHD**

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

**COLUMBIA COUNTY**  
**FLORIDA**

**M/H OCCUPANCY**

**COLUMBIA COUNTY, FLORIDA**

**Department of Building and Zoning Inspection**

*This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.*

Parcel Number 09-3S-16-02049-115

Building permit No. 000028524

Permit Holder RONNIE NORRIS

Owner of Building JUSTIN & CHELSEA ROBERTSON

Location: 5908 NW LAKE JEFFERY RD, LAKE CITY, FL

Date: 05/25/2010

*Fanny Drake*

Building Inspector



**POST IN A CONSPICUOUS PLACE**  
*(Business Places Only)*